

TRANSCRIPT PREPARED BY THE CLERK OF THE LEGISLATURE
Transcriber's Office
FLOOR DEBATE

March 20, 2002 LB 1309

several others, Senator Jensen and so forth, looked at the veterans' home in Omaha. The lease equipment...the lease agreement for this facility with Douglas County expires in 2005. The committee gathered information about the facility and recommended that a new facility be built rather than renovate the existing facility. And so we provided \$100,000 in this budget to look at that budget plan...or to look at that potential plan. If you recall, I think it was 1994 when we first put the veterans' home at Norfolk on the plan, and it's just now being opened this year, it's starting to be occupied, at 145 beds. So there's a long lead time in this area, and we have to get on a federal list. A big chunk of that money will be paid by federal funds. But...and Nebraska, eventually, will have to pay our share. But, in order to get on this list and start a program statement, we felt it was very important to get started on this. That home is not going to be satisfactory into the future. We...the way it's going...this would read is to look in the Omaha area, and...so I wanted to acknowledge that there is \$100,000 additional funding for...for this particular issue. For the prescription copayment, it goes from \$1 to \$2, and Senator Schimek has given you some of the outline about what the possible costs and the averages for it are. Most states have gone to additional copay. As I (inaudible) understand the history, it was back in '94 the average state payment for drugs fell within the range identified by the federal government for \$1 maximum copay. With the rapid increase in drug costs experienced over the past...past few years, the average state payment for drugs now supports a \$2 copay per prescription under the maximum \$3 copay, which is allowed by federal guidelines. So we are not up to the maximum allowed by the feds at this point. Majority of states utilize drug copayments in their Medicaid programs ranging from 50 cents to \$3, based on 1999-2000 data. It was our thought in the committee, and obviously we've looked many places, and we did not take every Medicaid proposal offered to us by the Governor, we took probably about half. I haven't added them up, but we...this is one that spreads, I think, across the board. We...we did not get into some of the Medicaid payments that were offered. But this is one of sharing in this particular populace, if you will. It's...eligibility groups, let's see, I was going to have to...children, and pregnant women, and long-term care facility